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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 308017	RECEIPT DATE:	05 / 12 / 99
IA NUMBER:	PCT/ EP97 / 06267	IA FILING DATE:	11 / 11 / 97
FAMILY NAME:	LAUSCH	DELAY WAIVED (Y/N):	N
GIVEN NAME:	HOLGER	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 15 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	F-6201	COUNTRY:	EPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	2129862340
		FAX	2129537733

NAME: JORDAN AND HAMBURG

STREET: 122 EAST 42ND STREET

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10168

EMAIL:

APPLICATION TITLES:

METHOD OF AND ARRANGEMENT FOR PROJECTION AND RECEPTION OF VISUAL AND AUDIOVISUAL MESSAGES, AND ANALYSIS THEREOF TO DETERMINE THE RADIUS OF ACTION AND CUSTOMER BEHAVIOR

TAB TO LAST POSITION,PUSH SEND

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SERIAL NUMBER 09/308,017	FILING DATE 05/12/99	CLASS 348	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. F-6201
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APPLICANT

HOLGER LAUSCH, JENA, REP GERMANY.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED THIS APPLN I: A 37/OF PCT/EP97/06267 11/11/97
DL

FOREIGN APPLICATIONS***
VERIFIED FED REP GERMANY 196 47 341.1-5 11/15/96
D.L.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/08/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

D.L.
Examiner's Initials

Initials

ADDRESS
JORDAN AND HAMBURG
122 EAST 42ND STREET
NEW YORK NY 10168

PHONE: (212)986-2340

TITLE

METHOD AND DEVICE FOR PROJECTION AND RECEPTION OF VISUAL AND AUDIO-
VISUAL MESSAGES AND THEIR ANALYSIS TO DETERMINE RADIUS OF ACTION AND
CUSTOMER BEHAVIOUR

FILING FEE RECEIVED \$613	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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